

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1000044	NORTH CANAAN CONGREGATIONAL CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
172 LOWER ROAD				1			
Towns Served: NORTH CANAAN							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21766	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
Ms. Wendy Kennedy			North Canaan Cong Church			Treasurer			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 306						Canaan		CT	06018-0306
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-672-3487					wacsk@optonline.net				
Contact Role(s): Administrative Contact, Legal Contact									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1000044	NORTH CANAAN CONGREGATIONAL CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
172 LOWER ROAD				1			

Towns Served: NORTH CANAAN

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1000094	LONE OAK CAMPGROUND	NC	1,250	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
360 NORFOLK ROAD				1			
Towns Served: NORTH CANAAN							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		2 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/24 - 4/30/24			
	5/1/24 - 5/31/24			
	6/1/24 - 6/30/24			
	7/1/24 - 7/31/24			
	8/1/24 - 8/31/24			
	9/1/24 - 9/30/24			
	10/1/24 - 10/31/24			

Physical Parameters (PPS)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23	10/1-10/31		
	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			

Water System Facility: **ENTRY POINT WELL #1 & WELL #2 (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT WELL #1 & WELL #2 (3)	1/1/23 - 12/31/23	4/1-10/31	Complete	
	1/1/24 - 12/31/24	4/1-10/31		
	1/1/25 - 12/31/25	4/1-10/31		

Water System Facility: **ENTRY POINT WELL #3 (WSF ID: 00701)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT WELL #3 (3)	1/1/23 - 12/31/23	4/1-10/31	Complete	
	1/1/24 - 12/31/24	4/1-10/31		
	1/1/25 - 12/31/25	4/1-10/31		

Water System Facility: **ENTRY POINT- WELL #4 (WSF ID: 00702)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT WELL #4 (3)	1/1/23 - 12/31/23	4/1-10/31	Complete	
	1/1/24 - 12/31/24	4/1-10/31		
	1/1/25 - 12/31/25	4/1-10/31		

Water System Facility: **WELL #1 (WSF ID: 21768)**

E. Coli (3014)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
WELL #1 (2)	4/1/24 - 4/30/24			
	5/1/24 - 5/31/24			
	6/1/24 - 6/30/24			
	7/1/24 - 7/31/24			
	8/1/24 - 8/31/24			

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1000094	LONE OAK CAMPGROUND	NC	1,250	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
360 NORFOLK ROAD				1			

Towns Served: NORTH CANAAN

Monitoring Requirements

Water System Facility: **WELL #1 (WSF ID: 21768)**

E. Coli (3014)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

Water System Facility: **WELL #2 (WSF ID: 21769)**

E. Coli (3014)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL #2 (2)	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

Water System Facility: **WELL #3 (WSF ID: 21770)**

E. Coli (3014)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL #3 (2)	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

Water System Facility: **WELL #4 (WSF ID: 21771)**

E. Coli (3014)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL #4 (2)	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

Monthly Water System Facility (WSF) Level Monitoring Requirements

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1000094	LONE OAK CAMPGROUND	NC	1,250	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
360 NORFOLK ROAD				1			

Towns Served: NORTH CANAAN

Water System Facility: ENTRY POINT WELL #1 & WELL #2 (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
Start Date: 1/1/2006		Compliance History:	Operating Limit
		Monitoring Period	Monitoring Compliance Status:
		11/1/2023 - 11/30/2023	
		12/1/2023 - 12/31/2023	
		1/1/2024 - 1/31/2024	
		2/1/2024 - 2/29/2024	
		3/1/2024 - 3/31/2024	

Water System Facility: ENTRY POINT WELL #3 (WSFID: 00701)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
Start Date: 1/1/2006		Compliance History:	Operating Limit
		Monitoring Period	Monitoring Compliance Status:
		11/1/2023 - 11/30/2023	
		12/1/2023 - 12/31/2023	
		1/1/2024 - 1/31/2024	
		2/1/2024 - 2/29/2024	
		3/1/2024 - 3/31/2024	

Water System Facility: ENTRY POINT- WELL #4 (WSFID: 00702)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
Start Date: 6/1/2005		Compliance History:	Operating Limit
		Monitoring Period	Monitoring Compliance Status:
		11/1/2023 - 11/30/2023	
		12/1/2023 - 12/31/2023	
		1/1/2024 - 1/31/2024	
		2/1/2024 - 2/29/2024	
		3/1/2024 - 3/31/2024	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	4/1/2024	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		LONEOAK 001	SITE 587	A	Y			
		LONEOAK 002	SITE 219	A	Y			
		LONEOAK 003	SITE 708	A	Y			

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1000094	LONE OAK CAMPGROUND	NC	1,250	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
360 NORFOLK ROAD				1			
Towns Served: NORTH CANAAN							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		LONEOAK 004	SITE T 1	A	Y			
		LONEOAK 005	SITE 587	A	Y			
		LONEOAK 006	MAIN BATHROOM	A	Y			
		LONEOAK 007	SITE 200	A	Y			
		LONEOAK 008	LAUNDRY	A	Y			
		LONEOAK 009	SITE 516	A	Y			
		LONEOAK 010	SITE 618	A	Y			
		LONEOAK 011	SITE 517	A	Y			
		LONEOAK 012	SITE N 9	A	Y			
		LONEOAK 013	SITE 680	A	Y			
		LONEOAK 014	SITE 528	A	Y			
		LONEOAK 015	SITE T 6	A	Y			
		LONEOAK 016	SITE 001	A	Y			
		LONEOAK 017	SITE 635	A	Y			
		LONEOAK 018	SITE 49	A	Y			
		LONEOAK 019	SITE T 22	A	Y			
		LONEOAK 020	SITE 505	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT WELL #1 & WELL	3	ENTRY POINT WELL #1	A				
00701	ENTRY POINT WELL #3	3	ENTRY POINT WELL #3	A				
00702	ENTRY POINT- WELL #4	3	ENTRY POINT WELL #4	A				
21768	WELL #1	2	WELL #1	A				
21769	WELL #2	2	WELL #2	A				
21770	WELL #3	2	WELL #3	A				
21771	WELL #4	2	WELL #4	A				
50504	TREATMENT PLANT- WELL #4							
57280	TREATMENT PLANT- WELL #3							
57282	TREATMENT PLANT- WELL #1 & WELL #2							

Contact Information

Name			Organization			Job Title			
Mr. Barry Brown			Lone Oak Campground			President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
360 Norfolk Road			P O Box 640			East Canaan		CT	06024
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-824-7051		860-824-1585		203-982-5439	LONEOAKINC@AOL.COM				
Contact Role(s): Owner									

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT1000094	LONE OAK CAMPGROUND	NC	1,250	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
360 NORFOLK ROAD				1				
Towns Served: NORTH CANAAN								
Name			Organization			Job Title		
Mr. Peter J. Brown			Loan Oak Campground			Vp		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
360 Northfolk Road			P O Box 640			East Canaan	CT	06024
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-824-7051		860-824-1585		860-833-7870	pete@loneoakcampsites.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1000234	FREUNDS FARM MARKET & BAKERY	NC	43	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
324 NORFOLK ROAD						3	

Towns Served: NORTH CANAAN

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24				
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24				
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Water System Facility: **ENTRY POINT - MARKET WELL (WSF ID: 00700)**

Nitrate (1040)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP - MARKET WELL (3)	10/1/23 - 12/31/23				
	1/1/24 - 3/31/24				
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Nitrite (1041)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP - MARKET WELL (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24				
	1/1/25 - 12/31/25				

Water System Facility: **MARKET WELL (WSF ID: 59762)**

E. Coli (3014)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
MARKET WELL (2)	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24				
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<u>Public Notification</u>		<u>PN Certification</u>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
E. Coli	7/10/16 - 9/13/16	3	6/26/2018		7/6/2018	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2</i>	<i>DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A					

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1000234	FREUNDS FARM MARKET & BAKERY	NC	43	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
324 NORFOLK ROAD						3	
Towns Served: NORTH CANAAN							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT - MARKET WELL	3	EP - MARKET WELL	A				
59762	MARKET WELL	2	MARKET WELL	A				
59770	TREATMENT PLANT							

Contact Information

Name		Organization			Job Title			
Mr. Benjamin Freund								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
PO Box 636						East Canaan	CT	06024
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-824-0650			860-824-7524					

Contact Role(s): Legal Contact

Name		Organization			Job Title			
Ms. Theresa Freund								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
324 Norfolk Rd						North Canaan	CT	06018
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-824-0650					theresa.h.freund@gmail.com			

Contact Role(s): Owner

Name		Organization			Job Title			
Mr. Matthew Freund								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
324 Norfolk Rd			PO Box 636			East Canaan	CT	06024
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-824-7524				203-982-9046	matt@cowpots.com			

Contact Role(s): Administrative Contact, Owner

- Please note the following:**
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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